

**NINE MILE FALLS SCHOOL DISTRICT  
MONTHLY EMPLOYEE EXPENSE REIMBURSEMENT REQUEST**



**DUE TO THE ASB BUSINESS OFFICE BY THE 10TH OF THE MONTH**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FOR THE MONTH OF: \_\_\_\_\_  
DATE: \_\_\_\_\_

**ASB Fund Purchases**

**SUPPLIES AND OTHER NON-TRAVEL RELATED EXPENSES**

Date of Purchase	Vendor	Item(s) Purchased	Reason for Purchase - Detailed as Possible (Include club, sport, season, etc.)	Amount	PO # Required for All Purchases

*Itemized original receipts must be attached in order to receive reimbursement for expenses.  
Receipts must only include school-related purchases and no personal items.*

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me to the benefit of Nine Mile Falls School District and that the claim is just, due, and an unpaid obligation against the Nine Mile Falls School District No. 325/179.

Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

For district use only / Accounting Code(s): \_\_\_\_\_

TOTAL	\$ -
TRAVEL TOTAL FROM NEXT PAGE (WILL POPULATE AFTER NEXT PAGE IS COMPLETED)	\$ -
TOTAL REIMBURSEMENT REQUEST	\$ -

*Incomplete forms or forms missing required attachments  
will be returned to claimant for correction.*

# NINE MILE FALLS SCHOOL DISTRICT

## MONTHLY EMPLOYEE EXPENSE REIMBURSEMENT REQUEST

If your conference provides a meal and you choose to go out on your own, the meal will not be reimbursed

Per Diem Rates posted by the Office of Financial Management can be found at the link below:

<https://www.ofm.wa.gov/sites/default/files/public/resources/travel/colormap.pdf>

Round miles to the nearest tenth (for example, 6.2 not 6.23)

Print Per Diem Rate Sheet and attach to this form.

Use this page of the form for **TRAVEL** related expenses. These expenses should NOT be listed on the supply/other cost reimbursement form.

Date	Out of District - List Addresses		Miles	Mileage \$	Roundtrip Y/N	Vendor	Parking \$	List Per Diem Rates and Attach Form & Receipts				Reason for Trip
	From	To						Lodging Costs	Breakfast	Lunch	Dinner	
MM/DD/YY	Address	Address	26.2	\$ 16.38	Y	Diamond Parking	\$ 10.00					Conference Downtown and returned to building - parking receipt attached
				\$ -								
				\$ -								
				\$ -								
				\$ -								
				\$ -								
				\$ -								
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				\$ -								
<b>TOTALS</b>				\$ -			\$ -	\$ -	\$ -	\$ -	\$ -	

**TOTAL TRAVEL:** \$ -  
 Current Mileage Rate: \$ 0.655 Effective 01/01/23-12/31/23



ATTACH RECEIPTS FOR LODGING AND OTHER TRAVEL EXPENSES. YOU WILL NOT BE REIMBURSED WITHOUT PROPER ITEMIZED RECEIPTS. PLEASE SEE YOUR STAFF HANDBOOK FOR ALLOWABLE EXPENSES.

OUT OF DISTRICT MILEAGE REIMBURSEMENTS REQUIRE GOOGLEMAP PRINTOUT ATTACHED.

**Reimbursement and mileage forms are due to ASB  
business office monthly no later than the 10th of the  
month**

ALL MILEAGE REIMBURSEMENTS REQUIRE ABSENT REPORT ATTACHED FOR WORK SCHEDULE VERIFICATION.